

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/547533

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | / | | | |
| 2 | | / | | | | |
| 3 | | / | | | | |
| 4 | | / | | | | |
| 5 | | 2 | | | | |
| 6 | | 0 | | 1 | | |
| 7 | | 0 | | | | |
| 8 | | 0 | | | | |
| 9 | | 0 | | | | |
| 10 | | 0 | | | | |
| 11 | | 0 | | | | |
| 12 | | 0 | | | | |
| 13 | | 0 | | | | |
| 14 | | 0 | | | | |
| 15 | | 0 | | | | |
| 16 | | 0 | | | | |
| 17 | | 0 | | 1 | | |
| 18 | | 0 | | | | |
| 19 | | 0 | | | | |
| 20 | | 0 | | | | |
| 21 | | 0 | | | | |
| 22 | | 0 | | | | |
| 23 | | 0 | | | | |
| 24 | | 0 | | | | |
| 25 | | 0 | | 1 | | |
| 26 | | 0 | | | | |
| 27 | | 0 | | | | |
| 28 | | 0 | | | | |
| 29 | | 0 | | | | |
| 30 | | 0 | | | | |
| 31 | | 0 | | | | |
| 32 | | 0 | | | | |
| 33 | | 0 | | | | |
| 34 | | 0 | | | | |
| 35 | | 0 | | 1 | | |
| 36 | | 0 | | | | |
| 37 | | 0 | | 1 | | |
| 38 | | 0 | | | | |
| 39 | | 0 | | | | |
| 40 | | 0 | | | | |
| 41 | | 0 | | | | |
| 42 | | 0 | | | | |
| 43 | | 0 | | | | |
| 44 | | 0 | | | | |
| 45 | | 0 | | | | |
| 46 | | 0 | | | | |
| 47 | | 0 | | 1 | | |
| 48 | | 0 | | | | |
| 49 | | 0 | | | | |
| 50 | | 0 | | 1 | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | 0 | | | | |
| 52 | | 0 | | | | |
| 53 | | 0 | | | | |
| 54 | | 0 | | | | |
| 55 | 1 | | 1 | | | |
| 56 | | 1 | | | | |
| 57 | | 2 | | | | |
| 58 | | 0 | | | | |
| 59 | | 0 | | | | |
| 60 | | 0 | | | | |
| 61 | | 0 | | | | |
| 62 | | 0 | | | | |
| 63 | | 0 | | | | |
| 64 | | 0 | | | | |
| 65 | | 0 | | | | |
| 66 | | 0 | | | | |
| 67 | | 0 | | | | |
| 68 | | 0 | | | | |
| 69 | | 0 | | | | |
| 70 | | 0 | | | | |
| 71 | | 0 | | | | |
| 72 | | 0 | | | | |
| 73 | | 0 | | | | |
| 74 | | 0 | | | | |
| 75 | | 0 | | 1 | | |
| 76 | | 0 | | | | |
| 77 | | 0 | | | | |
| 78 | | 0 | | | | |
| 79 | | 0 | | | | |
| 80 | | 0 | | | | |
| 81 | | 0 | | | | |
| 82 | 1 | | 1 | | | |
| 83 | | 1 | | | | |
| 84 | | 2 | | | | |
| 85 | | 2 | | | | |
| 86 | | 2 | | | | |
| 87 | | 2 | | | | |
| 88 | | 0 | | | | |
| 89 | 1 | | 1 | | | |
| 90 | | 1 | | | | |
| 91 | | 2 | | | | |
| 92 | | 1 | | | | |
| 93 | | 1 | | | | |
| 94 | | 2 | | | | |
| 95 | | 0 | | 1 | | |
| 96 | | 0 | | | | |
| 97 | | 0 | | | | |
| 98 | | 0 | | | | |
| 99 | | 0 | | | | |
| 100 | | 0 | | | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |

Lanell

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101547533

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 101 | | 0 | | | | |
| 102 | | 0 | | | | |
| 103 | | 0 | | | | |
| 104 | | 0 | | | | |
| 105 | | 0 | | | | |
| 106 | | 0 | | | | |
| 107 | | 0 | | | | |
| 108 | | 0 | | | | |
| 109 | | 0 | | | | |
| 110 | | 0 | | | | |
| 111 | | 0 | | | | |
| 112 | | 0 | | | | |
| 113 | | 0 | | | | |
| 114 | | 0 | | | | |
| 115 | | 0 | | | | |
| 116 | | 0 | | | | |
| 117 | | 0 | | | | |
| 118 | | 0 | | | | |
| 119 | | 0 | | | | |
| 120 | | 0 | | | | |
| 121 | | 0 | | | | |
| 122 | 1 | | 1 | | | |
| 123 | | | | | | |
| 124 | | 2 | | | | |
| 125 | | 2 | | | | |
| 126 | | 2 | | | | |
| 127 | | 2 | | | | |
| 128 | | 0 | | | | |
| 129 | | 0 | | | | |
| 130 | | 0 | | | | |
| 131 | | 0 | | | | |
| 132 | | 0 | | | | |
| 133 | | 0 | | | | |
| 134 | | 0 | | | | |
| 135 | | 0 | | | | |
| 136 | | 0 | | | | |
| 137 | | 0 | | | | |
| 138 | | | | | | |
| 139 | | | | | | |
| 140 | | | | | | |
| 141 | | | | | | |
| 142 | | | | | | |
| 143 | | | | | | |
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| 146 | | | | | | |
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| 148 | | | | | | |
| 149 | | | | | | |
| 150 | | | | | | |
| TOTAL IND. | 6 | ↓ | 7 | ↓ | | ↓ |
| TOTAL DEP. | 142 | ← | 20 | ← | | ← |
| TOTAL CLAIMS | 148 | | 27 | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | | | | | |
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| 98 | | | | | | |
| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |

Carroll